



Michigan Department of State
Bureau of Elections
www.michigan.gov/sos

BALLOT QUESTION COMMITTEE

CAMPAIGN STATEMENT

INSTRUCTIONS AND FORMS

Do not use these forms if:

- The Committee files with the Michigan Department of State and
 - Spent or received \$20,000.00 or more in a calendar year.

You must file electronically.

Questions:

Contact us at:

Michigan Department of State
Bureau of Elections
P.O. Box 20126
Lansing, Michigan 48901-0726
Phone: (517) 373 2540
Fax: (517) 241-4785

Visit us at:

430 West Allegan Street
1st Floor Treasury Building
Lansing, MI 48918

www.michigan.gov/sos/

Electronic Filing Help Desk:

Merts Plus Helpdesk: 703-749-4642

Merts Plus Email: techsupport@nicusa.com

INSTRUCTIONS FOR COMPLETING CAMPAIGN STATEMENTS

A Campaign Statement must include a Cover Page and the Schedules that apply to the committee's transactions during the Campaign Statement coverage period. The Schedules are described below:

Item 1 of each Schedule: COMMITTEE I.D. NUMBER. Enter the committee's Campaign Finance Identification number as assigned by the filing official on ALL Schedule pages.

Item 2 of each Schedule: COMMITTEE NAME. Enter the committee's official name as it appears on the Statement of Organization.

Schedule 4A, Itemized Contributions. Schedule 4A is used to report detailed information for contributions or loans from individuals, committees and persons other than financial institutions received by the committee. The committee must report the name, address, date and amount for all money that is deposited into the account it uses for making expenditures to influence the qualification, passage or failure of a ballot question and expenditures for get-out-the-vote activities in Michigan. The information must also include the occupation, employer and principal place of business if cumulative contributions from an individual are \$100.01 or more in a calendar year.

Schedule 4A-1, Itemized Other Receipts. Schedule 4A-1 is used to report receipts of money that are not contributions to the committee such as loans or interest from financial institutions, rebates and refunds, returned or un-cashed checks, etc.

Schedule 4-IK, Itemized In-Kind Contributions. Schedule 4-IK is used to report contributions or loans of goods, services or facilities to the committee and endorsements or guarantees of loans from financial institutions.

Schedule 4B, Itemized Expenditures. Schedule 4B is used to report all direct expenditures of money by the committee Ballot Question Committees or other committees.

Schedule 4B-1, Itemized Independent Expenditures. Schedule 4B-1 is used to report expenditures in support or opposition the qualification, passage or defeat of a ballot question and are not under the direction or control of any other committee or agent of a committee and are not direct contributions to a committee.

Schedule 4B-2, Itemized In-Kind Expenditures. Schedule 3B-2 is used to report the purchase of goods or services on behalf of other committees or the donation or loan of goods or services to other committees. The expenditures are made on behalf of another Ballot Question Committee. In such a situation, the committee making the expenditure spends funds to provide goods (buying a computer or office supplies) or services (paying for a media consultant or advertising) for another committee. The amount reported is the exact amount paid for the goods or services.

Schedule 4B-2 is also used to report the fair market value of goods, services or facilities that the committee permits another committee to use, or that the committee gives to another committee or person. Example: A committee lends a printer to another committee for use during a campaign or donates the use of office space for a campaign office. The committee making the expenditure does not spend any money but gives the use of something it already possesses to another committee. The fair market value of the goods or services is the rental value or the amount the recipient committee would have paid to purchase or rent the goods or services.

An endorsement or guarantee of a loan from a financial institution is also an in-kind expenditure.

All in-kind expenditures must be reported as in-kind expenditures by the contributing committee and as in-kind contributions by the recipient committee. An in-kind expenditure is made under the direction or control of another person or committee. There is no contribution limit for direct or in-kind expenditures made to or on behalf of Ballot Question Committees.

Schedule B-G, Get-Out-The-Vote Activities. Schedule B-G is used to report expenditures made by the committee for election day busing of voters to the polls, slate cards, challengers, poll watchers, poll workers and other get-out-the-vote activities such as voter registration drives and phone banks. All committees are required to include, in addition to other information required in their Campaign Statements, an itemized listing of all expenditures made during the reporting period for voter registration or get-out-the-vote activities. This includes expenditures for election day busing of electors to the polls, get-out-the-vote activities, slate cards, challengers, poll watchers, and poll workers.

Reportable get-out-the-vote expenditures include, but are not limited to:

- Election day busing of voters to the polls. (This includes all types of transportation.)
- Slate cards (printing and distribution)
- Challengers
- Poll watchers
- Poll workers
- Get-out-the-vote activities:
 - Telephone banks
 - Election day literature (other than slate cards)
 - Canvassing of voters
 - Transportation other than by bus
 - Voter registration drive

Schedule 4E, Debts and Obligations. Schedule 4E is used to report the status of outstanding debts owed to or by the committee and the name of any persons who have endorsed or guaranteed loans for the committee.

SUBTOTAL: Enter the total of all transactions on each page of each type of Schedule.

SCHEDULE TOTAL: Enter the total of all transactions on the last page of each type of Schedule.

NUMBER EACH COMPLETED SCHEDULE ON LOWER LEFT-HAND CORNER OF THE SHEET. FOR EXAMPLE NUMBER THE SHEETS "PAGE 1 OF 3," "PAGE 2 OF 3," AND "PAGE 3 OF 3."



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: _____ To: _____
Mo Day Year Mo Day Year

1. Committee I.D. Number

4. Committee's Mailing Address

2. Committee Name

Area Code and Phone ()
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

Area Code and Phone ()

6. Treasurer's Business Address

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)

Area Code and Phone ()

Area Code and Phone ()

8. TYPE OF STATEMENT:

8a. ☐ PRE- ELECTION

OR

8b. ☐ POST- ELECTION

Pre-Election or Post-Election Statement relates to:

☐ PRIMARY

☐ GENERAL

☐ SCHOOL

☐ SPECIAL

Date of Election:

Month Day Year

8c. ☐ ANNUAL STATEMENT
(____ Coverage Year)

8d. ☐ QUALIFICATION

OR

☐ NON-QUALIFICATION
STATEMENT (Required of
State-wide Ballot Question
Committees Only)

Date of Qualification or Non-
Qualification:

Month Day Year

8e. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f to
indicate which Statement is being amended)

8f. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

Month Day Year

By checking this item, I certify that the
committee has no assets or outstanding debts,
including late filing fees. **Note:** The disposition
of residual funds must be reported on Schedule
4B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold.

If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.**

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record Keeper _____ / _____ Date _____
Type or Print Name Signature Month Day Year

INSTRUCTIONS FOR COMPLETING A CAMPAIGN STATEMENT COVER PAGE

ITEM 3: CAMPAIGN STATEMENT COVERAGE PERIOD: Enter the dates covered by this Campaign Statement.

ITEM 4: COMMITTEE MAILING ADDRESS: Enter the committee's mailing address and telephone number.

ITEM 5: TREASURER'S NAME AND ADDRESS: Enter the committee treasurer's full name, residential address and home phone number.

ITEM 6: TREASURER'S BUSINESS ADDRESS: Enter the committee treasurer's business address and phone number.

ITEM 7: DESIGNATED RECORD KEEPER: If the committee has a designated record keeper, enter his or her full name, mailing address and phone number

ITEM 8: TYPE OF STATEMENT: Indicate the type of Campaign Statement being filed by checking the appropriate box or boxes.

ITEM 9: VERIFICATION: The treasurer or designated record keeper must verify that all reasonable diligence was used in completion of the Campaign Statement and that the contents of the statement are true, accurate and complete to the best of his or her knowledge and belief. Enter the treasurer's or the designated record keeper's name where indicated. The Cover Page must be signed and dated by the committee's treasurer or designated record keeper.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

SUMMARY PAGE
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____

2. Committee Name _____

RECEIPTS		Column I This Period	Column II Cumulative for Election Cycle
3. Contributions			
a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$	_____	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) \$	_____	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$	_____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$	_____	(20.) \$ _____
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$	_____	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	_____	(21.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$	_____	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$	_____	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$	_____	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$	_____	
e. Subtotal of Expenditures	(8e.) \$	_____	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$	_____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$	_____	(24.) \$ _____
IN-KIND EXPENDITURES			
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$	_____	(25.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 4E)	(12a.)\$	_____	
b. Owed to the Committee (Schedule 4E)	(12b.) \$	_____	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	_____	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) +	_____	
15. SUBTOTAL Add lines 13 and 14	(15.) =	_____	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) -	_____	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	_____	*

*If your ending balance is negative, please recheck your math.

INSTRUCTIONS FOR COMPLETION OF THE SUMMARY PAGE

ITEM 3a-c: ITEMIZED CONTRIBUTIONS: Enter, in Column I, the grand total of the direct contributions of money listed on Schedule 4A, Column 6. Enter the cumulative amount of the *direct contributions* of money received by the committee for the election cycle **Item 18**.

ITEM 4: OTHER RECEIPTS: Enter in Column I the grand total of the "*other receipts*" listed on Schedule 4A-1, Column 6. Enter the cumulative of the "*other receipts*" received for the election cycle **(Item 19)**.

ITEM 5: TOTAL CONTRIBUTIONS AND OTHER RECEIPTS: Add Item 3 and Item 4 and enter the total in Column I, Item 5. Enter in Column II **(Item 20)** the sum of Item 18 and Item 19.

ITEM 6-7: ITEMIZED IN-KIND CONTRIBUTIONS: Enter in Column I the grand total of the in-kind contributions listed on Schedule 4-IK, Column 7. Enter the cumulative amount of the *in-kind contributions* received by the committee for the election cycle **(Item 21)**.

ITEMS 7a-d: ITEMIZED EXPENDITURES:

8a. Enter in Column I the grand total of the *direct expenditures* listed on Schedule 4B, Column 7.

8b. Enter in Column I, the total from Schedule B-G, Column 6.

8c: Enter in Column I the total from Schedule 2B-2, Column 7.

8d: Enter in Column I the lump sum total of the *direct expenditures* made by the committee during the period covered by the Campaign Statement that were \$50.00 or less and were not itemized on any schedule.

ITEM 8e: SUBTOTAL ITEMIZED EXPENDITURES: Add Items 7a, 7b, 7c and 7d and enter the total in Item 8, Column I. Enter the cumulative amount of expenditures of money made by the committee during the election cycle in Column II **(Item 22)**.

ITEM 9: INDEPENDENT EXPENDITURES: Enter in Column I, Item 9, the grand total of the independent expenditures listed on Schedule 4B-1, Column 7. Enter the cumulative amount of the independent expenditures made by the committee during the election cycle **(Item 23)**.

ITEM 10: TOTAL EXPENDITURES: Add Item 8 and Item 9 and enter the total in Column I, Item 10. Enter the cumulative amount of total expenditures made by the committee during the election cycle in Column II **(Item 24)**.

ITEM 11: IN-KIND EXPENDITURES - ENDORSEMENTS, DONATIONS OR LOANS OF GOODS OR SERVICES: Enter in Column I, Item 11, the grand total of the in-kind expenditures **(NON-MONETARY)** listed on Schedule 4B-2, Column 8. Enter the cumulative amount of the in-kind expenditures made by the committee during the election cycle in Column II **(Item 25)**.

ITEM 12a: DEBTS AND OBLIGATIONS: Enter the grand total of the debts and obligations owed by the committee at the closing date of the Campaign Statement which were listed on Schedule 4E, Column 9 ("owed by").

ITEM 12b: DEBTS AND OBLIGATIONS: Enter the grand total of the debts and obligations owed to the committee at the closing date of the Campaign Statement which were listed on Schedule 4E, Column 9 ("owed to").

ITEM 13: BEGINNING BALANCE: Enter the "Ending Balance" from the last Campaign Statement filed.

ITEM 14: Enter the "Total Contributions and Other Receipts" from Column I, Item 5.

ITEM 15: SUBTOTAL: Add Item 13 and 14 and enter the total in Item 15.

ITEM 16: Enter the "Total Expenditures" from Column I, Item 10.

ITEM 17: ENDING BALANCE: Subtract Item 16 from Item 15. The result should reflect the committee's cash balance at the closing date of the Campaign Statement. If the result in Item 17 is a negative amount, check the addition of all Schedules and recalculate the Summary Page totals. The only time the committee should indicate a negative number as the ending balance is if the committee bank account is overdrawn on the closing date of the Campaign Statement.

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt _____ Name: Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 4. Date of Receipt _____ Name: Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 4. Date of Receipt _____ Name: Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 4. Date of Receipt _____ Name: Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
<div>Page Subtotal)</div> <div>Grand Total of All Schedules 4A (Complete on last page of Schedule)</div>			

Enter this total
on line 3a of
Summary
Page

INSTRUCTIONS FOR COMPLETING SCHEDULE 4A, ITEMIZED CONTRIBUTIONS

ITEM 3: NAME AND ADDRESS: Enter the name and address of each contributor. If the contribution is from an individual, enter last name, first name, and middle initial. If the contribution is from a committee (Candidate, Political, Independent or Political Party), enter the committee name and address; do not enter the name of the individual who signed the check. If the contribution is from a partnership, which has requested attribution to individual partners, report the individuals' names and addresses with their proportion of the contribution. Do not report the name of the partnership. If the contribution is from a person or group that is not an individual or a registered committee, or if the contribution is from an out-of-state committee, report the name and address of the committee on Schedule 4A with the notation "Memo Itemization Below" written above the name of the contributor. In the space for the next contribution record immediately following this entry, enter the notation "Memo Itemization" and the name and address, date and amount for each person whose contribution was a part of the total contribution.

ITEM 4: DATE OF RECEIPT: Enter the date the contribution was actually received by the treasurer, designated record keeper or other agent designated by the treasurer. Do not enter the date the check was written or the date the contribution was deposited. Only report on the Schedule the contributions received during the period covered by the Campaign Statement.

ITEM 5: CONTRIBUTOR'S OCCUPATION, EMPLOYER, and BUSINESS ADDRESS: Complete this Item if the contributor's cumulative contribution for the calendar year exceeds \$100.00. This applies only to individuals; do not make an entry in the item if the reported contribution is from a committee.

- If the contribution is a loan from a person, it must also be reflected on Schedule 4E, Debts and Obligations, as a debt if there is an outstanding balance on the closing date of the Campaign Statement. On Schedule 4A, check both the "**Direct**" box and the "**Loan From a Person**" box. On the Campaign Statement reporting the expenditure that completely pays off the debt, report the debt on Schedule 4E with a zero balance.
- If the contribution was received as a fund raiser contribution or as the purchase price of a ticket to the recipient committee's fund raising event, check both the "**Direct**" box and the "**Fund Raiser**" box.

ITEM 6: AMOUNT OF CONTRIBUTION: List each contribution separately by date, even if two or more contributions are received from the same person.

ITEM 7: CUMULATIVE FOR THE ELECTION: Enter the cumulative amount of all contributions received from the contributor for the election through the date of the contribution being reported. Also include the value of any in-kind contributions of goods or services received through this date from the same contributor when calculating the cumulative amount.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED OTHER RECEIPTS
SCHEDULE 4A-1
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

3. Name & Address From Whom Received Receipt	4. Date of	5. Type of Receipt	6. Amount
Receipt #1 _Name: Address: <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #2 _Name: Address: <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #3 _Name: Address: <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #4 _Name: Address: <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #5 _Name: Address: <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #6 _Name: Address: <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Other (Specify) _____	
Page Subtotal			
Grand Total of All Schedules 4A -1 (Complete on last page of Schedule)			

Enter this total on
line 4 of Summary
Page

INSTRUCTIONS FOR COMPLETING SCHEDULE 4A-1

- ITEM 3: NAME AND ADDRESS:** Enter the name and address of the person from whom the money was received.
- ITEM 4: DATE OF RECEIPT:** Enter the date the money was actually received by the treasurer, designated record keeper or other agent designated by the treasurer.
- ITEM 5: TYPE OF RECEIPT:** Check the appropriate box to indicate the type of "other receipt": a loan from a lending institution, interest earned on the committee's bank account, a refund or rebate of a deposit, or "other". If "other," provide a brief description in the space provided, such as "Return of excess contribution".
- ITEM 6: AMOUNT:** Enter the total amount of the receipt.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number _____

2. Committee Name _____

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name and Address: If over \$100.00 cumulative, please provide: Occupation Employer Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		
Contribution #2 Name and Address: If over \$100.00 cumulative, please provide: Occupation Employer Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		
Contribution #3 Name and Address: If over \$100.00 cumulative, please provide: Occupation Employer Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		
Page Subtotal Grand Total of all Schedules 4-IK (Complete on last page of Schedule)			

Enter this total on
line 6a of
Summary Page

INSTRUCTIONS FOR COMPLETING SCHEDULE 4-IK, ITEMIZED IN-KIND CONTRIBUTIONS

ITEM 3: CONTRIBUTOR'S NAME AND ADDRESS: If the in-kind contribution is from an individual, enter last name first. **CONTRIBUTOR'S OCCUPATION, EMPLOYER, AND BUSINESS ADDRESS:** Complete if the cumulative value of in-kind contributions received from the contributor exceeds \$100.00 for the election and the contributor is an individual.

ITEM 4: TYPE OF IN-KIND CONTRIBUTION: Check one of the five indicated categories for each in-kind contribution. Endorsement or guarantee of bank loan: An endorsement is made when a contributor guarantees a financial institution that he or she will repay a loan from a financial institution if the committee defaults on payments. The amount endorsed is the amount to be reported as an in-kind contribution. Goods donated or loaned: Items that are given to the committee without charge, or items loaned to the committee for temporary use with an expectation that the items will be returned to the contributor. The value to be reported as an in-kind contribution is the fair market value or amount it would have cost the committee to purchase or rent similar items in the local community. Example: use of a computer, use of office furniture. Services donated: Labor or services for which the contributor or other persons would normally be compensated that is donated to the committee without charge. Example: accounting, legal or clerical services; free music for fund raising event provided by professional band, etc. The amount to be reported as an in-kind contribution is the amount usually charged to the general public for such or similar services. Goods or services purchased by others: The purchase, by a contributor, of materials, supplies or services for the committee. Example: payment of the committee's printing bill by a contributor; purchase of office supplies or postage stamps; purchase of food for a fund raiser. The amount to be reported as an in-kind contribution is the amount the contributor paid for the goods or services. Goods or services purchased by others - LOAN: The purchase, by a contributor, of materials, supplies or services for the committee, for which the contributor wishes to be reimbursed. The examples would be the same as above, except for the fact the committee is expected to repay the contributor the cost incurred. Therefore, the amount is reported both as an in-kind contribution from the contributor on Schedule 4-IK, Itemized In-Kind Contributions, and as a debt owed by the committee to the contributor on Schedule 4E, Debts and Obligations.

DESCRIPTION: Enter a brief, clear description of each in-kind contribution that describes the goods or services contributed and, if not obvious, the purpose of the goods or services. If the contribution is related to a fund raising event sponsored or co-sponsored by the committee, check the "Fund Raiser" box.

ITEM 5: DATE OF RECEIPT: Enter the date the in-kind contribution was received by the committee. The date must be within the period covered by the Campaign Statement.

ITEM 6: VENDOR NAME AND ADDRESS: If the in-kind contribution consists of goods or services purchased on behalf of the committee by a contributor, enter the name and address of the vendor or person where the goods or services were purchased.

ITEM 7: AMOUNT: Enter the fair market value of the contribution; if the contribution was purchased, enter the amount paid.

ITEM 8: CUMULATIVE FOR ELECTION: Enter the cumulative value of all in-kind contributions and itemized contributions of money made by the same contributor during the election through the date of the contribution being reported. The contributions are cumulative in date order.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number _____

2. Committee Name _____

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 2 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 3 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 4 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			

Subtotal this page
Grand Total of Schedules 4B
(Complete on last page of Schedule)

Enter this total
on Line 8a of
the Summary
Page

INSTRUCTIONS FOR COMPLETING SCHEDULE 4B

ITEM 3: NAME AND ADDRESS OF PERSON PAID: Enter the name and address of:

- Each individual or business to which the committee made an expenditure of more than \$50.00 through a single expenditure or through a series of expenditures during the period covered by the Campaign Statement.
- Each Ballot Question Committee to which the committee made an expenditure in any amount during the period covered by the Campaign Statement.

Report additional detail information for this expenditure as a Memo Itemization as explained below.

- **MEMO ITEMIZATIONS.** Report the gross expenditure made by the committee with the notation **“Memo Itemization Below”** written above the name of the person, business or vendor to whom the payment was made by the committee, the date of the payment, and the total amount paid.
- In the space for the next expenditure record immediately following this entry, enter the notation **“Memo Itemization”** and indicate the ballot proposal involved. Check the applicable boxes for in-kind or independent, support or oppose and enter the date of the expenditure. Report the allocated amount for the proposal in parenthesis as a reminder that it is not to be added into the total again. Enter the cumulative expenditure amount for that proposal (for the election) through the date of the expenditure being itemized. Repeat until the itemization is completed for each proposal related to the expenditure being itemized.

ITEM 4: PURPOSE: Describe the purpose of the expenditure.

When reporting a mileage reimbursement to a staff member, enter the word “mileage” along with the number of miles and the reimbursement rate in the purpose field of the expenditure record. An example of mileage reimbursement reporting is shown in the Schedule 4B examples.

ITEM 5: BALLOT QUESTION INFORMATION: If the expenditure was made in support or opposition to the qualification, passage or defeat of a ballot proposal sponsored by this committee or to another Ballot Question Committee in support or opposition to the qualification, passage or defeat of a different ballot proposal, identify the proposal and indicate whether it is a statewide, multi-county, or single county issue. If listing a single county issue, list the county involved. If listing a multi-county issue, list the county where the greatest number of electors eligible to vote on the issue resides. If it is a statewide proposal, leave the county name blank.

Check the box if the expenditure was made to repay a debt or obligation owed by the committee that was reported on a previous campaign statement.

Check the Fund Raiser box if the expenditure is related to a fund raising event sponsored or co-sponsored by this committee.

ITEM 6: DATE OF EXPENDITURE: Enter the date the expenditure was made.

ITEM 7: AMOUNT OF EXPENDITURE: Enter the full amount of the expenditure.

ITEM 8: CUMULATIVE FOR THE ELECTION: Enter the cumulative amount the committee has expended to support or oppose the proposal to date. Include all direct, in-kind expenditures and independent expenditures involved. Expenditures for or against a ballot proposal accumulate for the election in which the proposal appears on the ballot.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED INDEPENDENT EXPENDITURES
SCHEDULE 4B-1
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

Complete this form to report Independent Expenditures made for or against a ballot issue. Do not use this schedule to report direct expenditures to Ballot Question Committees, or the provision of in-kind goods or services to Ballot Question Committees.

3. Name and address of person or vendor paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code.) 5. Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election
Expenditure #1 Name: Address: <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	4. Purpose: _____ 5. _____ Ballot Proposal County _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure #2 Name: Address: <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	4. Purpose: _____ 5. _____ Ballot Proposal County _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure #3 Name: Address: <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	4. Purpose: _____ 5. _____ Ballot Proposal County _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure #4 Name: Address: <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	4. Purpose: _____ 5. _____ Ballot Proposal County _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			

Subtotal this page

Grand Total of all Schedules 4B-1
(Complete on last page of Schedule

Enter total
on line 9 of
Summary Pg.

INSTRUCTIONS FOR SCHEDULE 4B-1

ITEM 3: NAME AND ADDRESS OF PERSON PAID: Enter the name and address of each individual or business to which the committee made an independent expenditure in any amount during the period covered by the Campaign Statement that was made to support or oppose a ballot question sponsored by another committee.

ITEM 4: PURPOSE: Describe the purpose of the expenditure. Check the appropriate box to indicate if the expenditure is to support or oppose the proposal. The committee is required to report detail information of the expenditure as Memo Itemizations.

- **MEMO ITEMIZATIONS.** Report the gross expenditure made by the committee with the notation **“Memo Itemization Below”** written above the name of the person, business or vendor to whom the payment was made by the committee, the date of the payment, and the total amount paid.
- In the space for the next expenditure record immediately following this entry, enter the notation **“Memo Itemization”** and indicate the ballot proposal involved. Check the applicable boxes for in-kind or independent, support or oppose and enter the date of the expenditure. Report the allocated amount for the proposal in parenthesis as a reminder that it is not to be added into the total again. Enter the cumulative expenditure amount for that proposal (for the election) through the date of the expenditure being itemized. Repeat until the itemization is completed for each proposal related to the expenditure being itemized.

ITEM 5: Identify the proposal and indicate whether it is a statewide, multi-county or single county issue. If listing a single county issue, list the county involved. If listing a multi-county issue, list the county where the greatest number of electors eligible to vote on the issue resides.

Check the box if the expenditure was made to repay a debt or obligation owed by the committee that was reported on a previous campaign statement.

ITEM 6: DATE OF EXPENDITURE: Enter the date the expenditure was made.

ITEM 7: AMOUNT OF EXPENDITURE: Indicate the amount spent for each issue supported or opposed.

ITEM 8: CUMULATIVE FOR ELECTION: Enter the cumulative amount of all expenditures the committee has made to support or oppose the particular proposal through the date of this expenditure. For ballot proposals, all types of expenditures are cumulated together, including direct, in-kind and independent for the election in which the proposal appears on the ballot.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND EXPENDITURES
SCHEDULE 4B-2
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number _____

2. Committee Name _____

3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or service)	9. Cumulative for Election (Through date in Item 5)
Expenditure #1 Name: _____ Address: _____ Ballot Proposal: _____ <input type="checkbox"/> Statewide <input type="checkbox"/> Local County _____	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____ _____			
Expenditure #2 Name: _____ Address: _____ Ballot Proposal: _____ <input type="checkbox"/> Statewide <input type="checkbox"/> Local County _____	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____ _____			
Expenditure #3 Name: _____ Address: _____ Ballot Proposal: _____ <input type="checkbox"/> Statewide <input type="checkbox"/> Local County _____	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____ _____			

Subtotal this Page

Grand Total of all Schedules 4B-2
(Complete on last page of Schedule)

Enter this total
on line 8c of the
Summary Page

Enter this total on
line 11 of the Summary
Summary Page

INSTRUCTIONS FOR SCHEDULE 4B-2

ITEM 3: NAME AND ADDRESS OF PERSON OR COMMITTEE TO WHOM GOODS OR SERVICES WERE DONATED OR LOANED, OR FOR WHOM GOODS OR SERVICES WERE PURCHASED:

Enter the name and address of the recipient Ballot Question Committee and identify the proposal, indicating whether it is a statewide, multi-county or single county issue. If listing a single county issue, list the county involved. If listing a multi-county issue, list the county where the greatest number of electors eligible to vote on the issue resides.

ITEM 4: TYPE OF IN-KIND EXPENDITURE: Indicate the type of in-kind expenditure by checking the appropriate box. Describe the item of goods or services in the space provided.

ITEM 5: DATE OF EXPENDITURE: Enter the date money was spent, or the goods or services were made available to the recipient committee or person.

ITEM 6: VENDOR NAME AND ADDRESS: If the goods or services were purchased by the contributing committee on behalf of the recipient committee or person, enter the name of the vendor (business or person) who was actually paid for the goods or services. If goods or services were provided and no money was spent, leave this item blank.

ITEM 7: AMOUNT OF MONEY SPENT: For goods or services that were purchased, enter the amount of money spent. If no money was spent, leave this item blank.

ITEM 8: FAIR MARKET VALUE: Enter the amount of loan endorsed or guaranteed, or the fair market value of the goods or services donated or loaned to a committee or person. The depreciated value of capital assets may be used if the fair market value cannot be determined in any other way.

ITEM 9: CUMULATIVE FOR ELECTION: Enter the cumulative amount the committee has expended to support or oppose the proposal to date. Include all direct, in-kind expenditures and independent expenditures involved. Expenditures for or against a ballot proposal accumulate for the election in which the proposal appears on the ballot.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE 4 B - G
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____

2. Committee Name _____

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f. **ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.**

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
<p>Expenditure #1 Name & Address:</p> <p>For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> <p>Statewide Proposal Name _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p>Cumulative for Ballot Proposal \$ _____</p> <p>Local Proposal Name _____ Indicate County _____</p>		\$ _____
<p>Expenditure #2 Name & Address:</p> <p>For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> <p>Statewide Proposal Name _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p>Cumulative for Ballot Proposal \$ _____</p> <p>Local Proposal Name _____ Indicate County _____</p>		\$ _____
<p>Expenditure #3 Name & Address:</p> <p>For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> <p>Statewide Proposal Name _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p>Cumulative for Ballot Proposal \$ _____</p> <p>Local Proposal Name _____ Indicate County _____</p>		\$ _____
Subtotal this page			
Grand Total of all Schedules 4B-G (Complete on last page of Schedule)			

INSTRUCTIONS FOR COMPLETING SCHEDULE B-G

ITEM 3: NAME AND ADDRESS OF PERSON OR VENDOR TO WHOM THE EXPENDITURE WAS MADE: Enter the complete address of each person paid for get-out-the-vote activities. If the person listed here paid other persons or vendors, detail information must be reported using Memo Itemizations.

Indicate, by checking the appropriate box, whether the expenditure is “in-kind” or “independent”, and whether the expenditure is in support or in opposition to a ballot proposal.

ITEM 4: TYPE OF ACTIVITY: Check the appropriate box to indicate the type of activity for which the expenditure was made. For get-out-the-vote activity and voter registration expenditures that are not specifically listed on the schedule, specify the particular activity in the space provided

ITEM 5: DATE: Enter the date on which the expenditure was made to the entity in Item 3.

ITEM 6: AMOUNT: Enter the total amount paid to the entity in Item 3.

- If the expenditure is in support of, or in opposition to, a specific ballot proposal, indicate whether the expenditure was in-kind or independent, and whether in support or in opposition by checking the applicable boxes. Report the name of the proposal and indicate whether it is a proposal to be voted on statewide or locally. If locally (county, city, township, village, school district), indicate the name of the county where the voters will vote on the proposal. If the proposal will be voted on in more than one county, but not statewide, indicate the county with the greatest number of voters eligible to vote on the proposal.
- If the expenditure is in support of, or in opposition to multiple ballot proposals (as in slate cards), the cost must be allocated to each proposal, using MEMO ITEMIZATIONS. Report the gross expenditure made by the committee with the notation “**Memo Itemization Below**” written above the name of the person, business or vendor to whom the payment was made by the committee, the date of the payment, and the total amount paid.
- In the space for the next expenditure record immediately following this entry, enter the notation “**Memo Itemization**” and indicate the ballot proposal involved. Check the applicable boxes for in-kind or independent, support or oppose and enter the date of the expenditure. Report the allocated amount for the proposal in parenthesis as a reminder that it is not to be added into the total again. Enter the cumulative expenditure amount for that proposal (for the election) through the date of the expenditure being itemized. Repeat until the itemization is completed for each proposal related to the expenditure being itemized.

For cumulative expenditures related to a ballot proposal: Accumulate direct, in-kind and independent expenditures together through the date of the expenditure being itemized.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

This Schedule itemizes:

(Check either a or b. Use only for the purpose checked.)

a. ☐ Debts and obligations owed by or forgiven the committee

OR

b. ☐ Debts and obligations owed to or forgiven by the committee.

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	/ / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by: _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	/ / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by: _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	/ / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt

Grand Total of all Schedules 4E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page

INSTRUCTIONS FOR COMPLETING SCHEDULE 4E

Check **box "a"** if this Schedule 4E will be used to list debts and obligations owed by or forgiven the committee.

Check **box "b"** if this Schedule 4E will be used to list debts and obligations owed to or forgiven by the committee.

ITEM 3: NAME AND MAILING ADDRESS:

DEBTS AND OBLIGATIONS OWED BY OR FORGIVEN THE COMMITTEE: Enter the name and mailing address of any person, vendor or financial institution that:

- the committee owed an outstanding amount on a debt or obligation as of the closing date of the Campaign Statement, or
- forgave a debt during the current reporting period that the committee listed as outstanding on the last Campaign Statement filed by the committee.

DEBTS AND OBLIGATIONS OWED TO OR FORGIVEN BY THE COMMITTEE: Enter the name and mailing address of any person, vendor or financial institution that:

- owed to the committee an outstanding amount on a debt or obligation as of the closing date of the Campaign Statement, or
- during the period covered by the Campaign Statement being completed, the committee forgave a debt or obligation that was listed on the last Campaign Statement as owed to the committee. If the debt is a loan and was guaranteed or endorsed by someone, please fill in the name of the endorser and the amount endorsed in the space provided.

ITEM 4: TYPE OF OBLIGATION: Describe the debt or obligation.

ITEM 5: DATE DEBT WAS INCURRED: Enter the date the debt or obligation was incurred. If the committee maintained a running account with a vendor, treat each new charge as a separate debt.

ITEM 6: ORIGINAL AMOUNT OF DEBT: Enter the original amount of the debt or obligation. If the committee maintained a running account with a vendor, treat each new charge as a separate debt.

ITEM 7: DATES AND AMOUNTS OF PAYMENTS: Enter the amount and the date of each payment on the debt or obligation.

ITEM 8: CUMULATIVE PAYMENTS: Enter the total amount paid by or to the committee on the debt or obligation as of the closing date of the Campaign Statement.

ITEM 9: OUTSTANDING BALANCE: Enter the outstanding amount owed by or to the committee on the debt or obligation as of the closing date of the Campaign Statement. Check the box if the loan has been forgiven. If a loan or other type of debt owed by the committee was forgiven, check the box "FORGIVEN" in item 9.

- Do *not* list a loan forgiven the committee on the Itemized Contributions Schedule (Schedule 4A) as a new contribution. Report the debt forgiven the committee as an in-kind contribution on the Itemized In-Kind Contributions Schedule (Schedule 4-IK).
- When totaling the Debts and Obligations Schedule, do not add forgiven debts or obligations into the total. An incorporated commercial lending institution or business cannot forgive a loan or debt owed by the committee.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER
SCHEDULE 4F
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____
2. Committee Name _____

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held <input type="checkbox"/> Private Residence
--	--	----------------------------------	---

7. Total Contributions \$ _____

8. Other Receipts \$ _____

9. Gross Receipts \$ _____
(Add lines 7 and 8)

10. Total Cost of Event \$ _____ *Includes In-Kind Contributions and All
Expenditures Made For the Event

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (4A), Itemized In-Kind Contributions Schedule (4-IK), Itemized Expenditures Schedule (4B) and the Summary Page.
- Each committee that participated in a joint fundraiser must file a Fund Raiser Schedule for the event.

INSTRUCTIONS FOR COMPLETING SCHEDULE 4F

ITEM 3: DATE OF EVENT: Enter the date the fund raising event was held.

ITEM 4: NUMBER OF PEOPLE ATTENDING: Enter the larger of the following two numbers:

- 1) the number of persons who attended the fund raising event, or 2) the number of persons who contributed to the committee in connection with the fund raising event.

ITEM 5: TYPE OF FUND RAISING ACTIVITY: Describe the type of fund raising event held. Examples: A dinner, an auction, reception or a dance, etc.

ITEM 6: NAME AND ADDRESS OF PLACE: Enter the address and name (if any) of the facility where the fund raising event was held. Check the box in Item 6 if the event was held at a private residence. This tells the filing official that there should be no expenditures on Schedule 4B for facility rental for this fundraiser.

ITEM 7: TOTAL CONTRIBUTIONS: Enter the total amount of contributions received by the committee in connection with the fund raising event.

ITEM 8: OTHER RECEIPTS: Enter the amount of any "other receipts" the committee received in connection with the fund raising event. This would include, for example, refunds of deposits refunded to the committee in connection with the event.

ITEM 9: GROSS RECEIPTS: Enter the total of lines 7 and 8. This provides the gross receipts received by the committee in connection with the fund raising event.

ITEM 10: TOTAL COST OF EVENT: Enter the total cost of holding the fund raising event. This includes the value of in-kind contributions (reported on Schedule 4-IK, Itemized In-Kind Contributions) in addition to any expenditures made for the event. The expenditures must be reported on Schedule 4B, Itemized Expenditures.

ITEM 11: JOINT FUND RAISERS: If the event held was a joint fund raiser, check the box and enter the name(s) of the co-sponsor(s) of the event. Also show the percentage of the contributions received by each of the co-sponsors and the percentage of the costs paid by each of the co-sponsors.

EXAMPLE PAGES FOLLOW

DO NOT USE SAMPLES

**FOR INFORMATION AND
EXAMPLE ONLY**

EXAMPLE ONLY: DO NOT USE



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Merts Plus

BALLOT QUESTION COMMITTEE COVER PAGE		FOR OFFICIAL USE ONLY	
Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.		3. This Statement covers From: <u>01/01/2003</u> To <u>10/19/2003</u> Mo Day Year Mo Day Year	
1. Committee I.D. Number <u>515925-6</u>	4. Committee's Mailing Address <u>P.O. BOX 674</u>		
2. Committee Name <u>CITIZENS FOR NEW JOBS</u>	LANSING MI 48901 Area Code and Phone <u>(517) 555-3451</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		
5. Treasurer's Name and Residential Address <u>ROBERTO SMITH</u> <u>8987 GLADWIN AVE</u> LANSING MI 48911 Area Code and Phone <u>(517) 555-3451</u> Driver License # (Optional)			
6. Treasurer's Business Address <u>9962 OLD DIAMOND RD</u> <u>EAST LANSING MI 48823</u> Area Code and Phone		7. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) <u>JANET MILLER</u> <u>125 N. GRAND RIVER AVE</u> LANSING MI 48912 Area Code and Phone <u>(517) 555-1070</u> Driver License # (Optional)	
8. TYPE OF STATEMENT: 8a. <input checked="" type="checkbox"/> PRE - ELECTION OR 8b. <input type="checkbox"/> POST - ELECTION Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL Date of Election: <u>11/04/2003</u> Month Day Year		8c. <input type="checkbox"/> ANNUAL STATEMENT (Coverage Year) 8d. <input type="checkbox"/> QUALIFICATION OR <input type="checkbox"/> NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only) Date of Qualification or Non-Qualification: Month Day Year	
		8e. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete item 8a, 8b, 8c, 8d, or 8f to indicate which Statement is being amended) 8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE Effective Date of Dissolution Month Day Year By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. <u>Note:</u> The disposition of residual funds must be reported on Schedule 4B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.			
10. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Recordkeeper <u>ROBERTO SMITH</u> Type of Print Name		Signature _____ Date <u>10/24/2003</u> Month Day Year	

CFR 8000071999

Authority granted under P.A. 388 of 1976

EXAMPLE ONLY: DO NOT USE



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Merts Plus

SUMMARY PAGE BALLOT QUESTION COMMITTEE		1. Committee I.D. Number <u>515925-6</u>	2. Committee Name <u>CITIZENS FOR NEW JOBS</u>
RECEIPTS		Column I This Period	Column II Cumulative for Election
3. Contributions			
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>98825.00</u>		
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>0.00</u>		
c. Subtotal of "Contributions"	(3c.) \$ <u>98825.00</u>	(18.) \$ <u>260025.00</u>	
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>10781.15</u>	(19.) \$ <u>10781.15</u>	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>109606.15</u>	(20.) \$ <u>270806.15</u>	
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>16625.00</u>		
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>0.00</u>		
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>16625.00</u>	(21.) \$ <u>16625.00</u>	
EXPENDITURES			
8. Expenditures			
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>1720.00</u>		
b. Itemized Get-Out-the Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>5125.00</u>		
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>50.00</u>		
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0.00</u>		
e. Subtotal of Expenditures	(8e.) \$ <u>6895.00</u>	(22.) \$ <u>70237.33</u>	
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>1360.70</u>	(23.) \$ <u>2360.70</u>	
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>8255.70</u>	(24.) \$ <u>72598.03</u>	
IN-KIND EXPENDITURES			
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>5200.00</u>	(25.) \$ <u>5700.00</u>	
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>9735.87</u>		
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>200.00</u>		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>98857.67</u>		
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>109606.15</u>		
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>206463.82</u>		
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>8255.70</u>		
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>198208.12</u>		

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedule pages must be included with this statement. *If your ending balance is negative, please recheck your math.
CPR 41999 925um Authority granted under P.A. 388 of 1976

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE		1. Committee I.D. Number <u>515925-6</u>	2. Committee Name <u>CITIZENS FOR NEW JOBS</u>
Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election for Each Contributor (Through date of receipt)
3. Contribution # <u>1</u> Name: <u>RONALD FAUST</u> Address: <u>222 NORTHWOOD DRIVE</u> OKEMOS MI 48864 5. If over \$100.00 cumulative, please provide: Occupation <u>CONTROLLER</u> Employer <u>WAVERLY SCHOOL DISTRICT</u> Business Address <u>515 SNOW RD</u> <u>LANSING MI 48917</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fundraiser		75.00	275.00
3. Contribution # <u>2</u> Name: <u>WOLVERINE LUBMER ASSOCIATES</u> Address: <u>34526 W. CEDAR BLVD</u> LANSING MI 48911 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fundraiser		5000.00	14000.00
3. Contribution # <u>3</u> Name: <u>CONSTRUCTION ANALYSIS, LLC</u> Address: <u>1063 WEST AVERY BLVD</u> OKEMOS MI 48864 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fundraiser		38000.00	50000.00
3. Contribution # <u>4</u> Name: <u>JOSEPH JOHNSON</u> Address: <u>896 STRICKLAND</u> EAST LANSING MI 48823 5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>CONSTRUCTION ANALYSIS, LLC</u> Business Address <u>1063 WEST AVERY BLVD</u> <u>OKEMOS MI 48864</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fundraiser		750.00	750.00
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)		43825.00	

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Page

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 MICHIGAN DEPARTMENT OF STATE Bureau of Elections		Merts Plus	
ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE		1. Committee I.D. Number <u>515925-6</u> 2. Committee Name <u>CITIZENS FOR NEW JOBS</u>	
Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election for Each Contributor (Through date of receipt)
3. Contribution # <u>5</u> 4. Date of Receipt <u>06/28/2003</u> Name: <u>STAN VAN DUSENBERRY</u> Address: <u>8970 ROSEMONT DRIVE</u> <u>SOUTHFIELD MI 48258</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>SAME AS ABOVE</u> <u>MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser		5000.00	5000.00
3. Contribution # <u>6</u> 4. Date of Receipt <u>07/01/2003</u> Name: <u>AMALGAMATED PEOPLE'S TRUST</u> Address: <u>73892 IRONSIDE PARKWAY</u> <u>CLEVELAND OH 54012</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser		50000.00	50000.00
3. Contribution # <u>7</u> 4. Date of Receipt <u>05/28/2002</u> Name: <u>JOANNA RESSE</u> Address: <u>59481 AMES AVE</u> <u>CLEVELAND OH 54013</u> 5. If over \$100.00 cumulative, please provide: <u>AMALGAMATED PEOPLE'S TRUST</u> Occupation <u>ACCOUNTANT</u> Employer _____ Business Address <u>73892 IRONSIDE PARKWAY</u> <u>CLEVELAND OH 54012</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser		(25000.00)	Memo - itemization below
3. Contribution # <u>8</u> 4. Date of Receipt <u>05/28/2003</u> Name: <u>MICHAEL REESE</u> Address: <u>59481 AMES AVE</u> <u>CLEVELAND OH 54013</u> 5. If over \$100.00 cumulative, please provide: <u>AMALGAMATED PEOPLE'S TRUST</u> Occupation <u>CEO</u> Employer _____ Business Address <u>73892 IRONSIDE PARKWAY</u> <u>CLEVELAND OH 54012</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser		(25000.00)	Memo - itemization
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)		55000.00	98825.00

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 4-IK BALLOT QUESTION COMMITTEE		1. Committee I.D. Number <u>515925-6</u>	2. Committee Name <u>CITIZENS FOR NEW JOBS</u>	
3. Name and Address from whom received <small>If contribution is from an individual, please enter last name first</small>	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election (Through date in Item 5)	
Contribution # 1 Name and Address: JEREMY MARSHALL 435 ARCHWAY CIRCLE LANSING MI 48911 If over \$100.00 cumulative, please provide: Occupation TEACHER Employer WAVERLY SCHOOL DISTRICT Business Address 515 SNOW RD LANSING MI 48917 <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>USE OF COMPUTER</u> 5. DATE OF RECEIPT: <u>02/01/2003</u> 6. VENDOR NAME AND ADDRESS: 	1125.00	1125.00	
Contribution # 2 Name and Address: SALVADOR TAYOR 2000 AKRON DR HOLT MI 48854 If over \$100.00 cumulative, please provide: Occupation ENGINEER Employer CONCEPTION ENGINEERING Business Address 558 CONICO DR LANSING MI 48912 <input type="checkbox"/> Fund Raiser	4. <input checked="" type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>LOAN ENDORSEMENT</u> 5. DATE OF RECEIPT: <u>03/05/2003</u> 6. VENDOR NAME AND ADDRESS: MICHIGAN FIRST BANK 3517 IONIA ST LANSING MI 48933	10000.00	10000.00	
Contribution # 3 Name and Address: MUSIC FOR LIFE 5000 BEACH DR LANSING MI 48914 If over \$100.00 cumulative, please provide: Occupation Employer Business Address <input checked="" type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>BAND MUSIC FOR FR</u> 5. DATE OF RECEIPT: <u>07/04/2003</u> 6. VENDOR NAME AND ADDRESS: 	500.00	500.00	
Page Subtotal Grand Total of all Schedules 4-IK (Complete on last page of Schedule)		11625.00		

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 4-IK BALLOT QUESTION COMMITTEE		1. Committee I.D. Number <u>515925-6</u>	2. Committee Name <u>CITIZENS FOR NEW JOBS</u>	
3. Name and Address from whom received If contribution is from an individual, please enter last name first	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election (Through date in Item 5)	
Contribution # 4 Name and Address: ROBERT MILES 25961 ROANOKE RD OKEMOS MI 48864 If over \$100.00 cumulative, please provide: Occupation ISSUE ANALYST Employer ISSUE ANALYSIS INC Business Address 25961 ROANOKE RD OKEMOS MI 48864 <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description: <u>MEDIA PURCHASE</u> 5. DATE OF RECEIPT: <u>08/28/2003</u> 6. VENDOR NAME AND ADDRESS: <u>DONOVAN BROADCAST, INC.</u> <u>215 W ELM</u> <u>EAST LANSING MI 48823</u>	5000.00	5000.00	
Contribution # 5 Name and Address: WWLT TV 49000 EAST WILSON DR HOLT MI 48854 If over \$100.00 cumulative, please provide: Occupation Employer Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description: <u>TV ADS</u> 5. DATE OF RECEIPT: <u>09/01/2003</u> 6. VENDOR NAME AND ADDRESS:	(2775.00)	Memo - itemization	
Contribution # 6 Name and Address: KLPZ TV 1100 S TEXAS BLVD. DEWITT MI 48925 If over \$100.00 cumulative, please provide: Occupation Employer Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description: <u>TV ADS</u> 5. DATE OF RECEIPT: <u>09/02/2003</u> 6. VENDOR NAME AND ADDRESS:	(2225.00)	Memo - itemization	
Page Subtotal Grand Total of all Schedules 4-IK (Complete on last page of Schedule)		5000.00	16625.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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ITEMIZED OTHER RECEIPTS SCHEDULE 4A-1 BALLOT QUESTION COMMITTEE		1. Committee I.D. Number <u>515925-6</u>	
		2. Committee Name <u>CITIZENS FOR NEW JOBS</u>	
Name & Address From Whom Received	Date of Receipt	Type of Receipt	6. Amount
Receipt # 1 Name: MICHIGAN FIRST BANK Address: 3517 IONIA ST LANSING MI 48933 <input type="checkbox"/> Fund Raiser	03/05/2003	<input checked="" type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify)	10000.00
Receipt # 2 Name: MICHIGAN FIRST BANK Address: 3517 IONIA ST LANSING MI 48933 <input type="checkbox"/> Fund Raiser	03/31/2003	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify)	31.15
Receipt # 3 Name: HOLIDAY INN SOUTH Address: 9800 S WESTBRIDGE AVE LANSING MI 48910 <input type="checkbox"/> Fund Raiser	04/15/2003	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify)	200.00
Receipt # 4 Name: OFFICE RENTALS Address: 6152 PENN AVE WEST OKEMOS MI 48864 <input type="checkbox"/> Fund Raiser	07/01/2003	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify)	350.00
Receipt # 5 Name: GREEN GRASS ACTION Address: 111 W RAVENSWOOD LANSING MI 48910 <input type="checkbox"/> Fund Raiser	07/15/2003	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input checked="" type="checkbox"/> Other (Specify) RETURN OF CONTRIBUTION	200.00

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10781.15


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MICHIGAN DEPARTMENT OF STATE Bureau of Elections		Merts Plus		
ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B BALLOT QUESTION COMMITTEE		1. Committee I.D Number <u>515925-6</u>		
		2. Committee Name <u>CITIZENS FOR NEW JOBS</u>		
3. Name and address of person to whom paid	4. State purpose of expenditure and you may assign an expenditure code. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name : <u>CASCADE HOTELS, INC.</u> Address: <u>2000 RUSSELL BLVD</u> <u>GRAND LEDGE MI 48837</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>DEPOSIT</u> Expenditure Code: <u>RE</u> 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>06/01/2003</u>	<u>200.00</u>	
Expenditure # 2 Name : <u>FRIENDS OF THE FOREST</u> Address: <u>4800 WEST WING ST</u> <u>LANSING MI 48917</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>CONTRIBUTION</u> Expenditure Code: <u>CC</u> 5. Ballot Proposal: <u>PROPOSAL H-03</u> County: <u>Statewide</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>06/01/2003</u>	<u>500.00</u>	<u>63642.33</u>
Expenditure # 3 Name : <u>JANET MILLER</u> Address: <u>1126 E. GRAND RIVER AVE</u> <u>LANSING MI 48916</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>TRAVEL REIMBURSEMENT</u> Expenditure Code: <u>TE</u> 5. Ballot Proposal: <u>PROPOSAL H-03</u> County: <u>Statewide</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>07/01/2003</u>	<u>380.00</u>	Memo - itemization below
Expenditure # 4 Name : <u>JANET MILLER</u> Address: <u>1126 E. GRAND RIVER AVE</u> <u>LANSING MI 48916</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>MILEAGE 555 MI</u> Expenditure Code: <u>TE</u> 5. Ballot Proposal: <u>PROPOSAL H-03</u> County: <u>Statewide</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>06/15/2003</u>	<u>(177.60)</u>	Memo - itemization
Subtotal this page Grand Total of Schedules 4B (Complete on last page of Schedule)			<u>1080.00</u>	

Enter this total on line 8a of the Summary Page

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 MICHIGAN DEPARTMENT OF STATE Bureau of Elections		Committee I.D Number <u>515925-6</u>		
ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B BALLOT QUESTION COMMITTEE		2. Committee Name <u>CITIZENS FOR NEW JOBS</u>		
3. Name and address of person to whom paid	4. State purpose of expenditure and you may assign an expenditure code. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 5 Name: TRAVEL INN Address: 6630 WAINWRIGHT DR FLINT MI 47955 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>HOTEL</u> Expenditure Code: <u>TE</u> 5. Ballot Proposal: <u>PROPOSAL H-03</u> County: <u>Statewide</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Statewide <input type="checkbox"/> Local	06/15/2003	(164.15)	(63984.08)
Expenditure # 6 Name: ALPHA PRINTING CO Address: 9962 OLD DIAMOND RD EAST LANSING MI 48823 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>PRINT LEAFLET</u> Expenditure Code: <u>PA</u> 5. Ballot Proposal: <u>PROPOSAL H-03</u> County: <u>Statewide</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Statewide <input type="checkbox"/> Local	06/29/2003	65.00	64049.08
Expenditure # 7 Name: MICHIGAN FIRST BANK Address: 3517 IONIA ST LANSING MI 48933 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>LOAN PAYMENT</u> Expenditure Code: <u>LO</u> 5. Ballot Proposal: <u>PROPOSAL H-03</u> County: <u>Statewide</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Statewide <input type="checkbox"/> Local	09/02/2003	500.00	64549.08
Expenditure # 8 Name: LEONARD SWANSON Address: 345 WARREN ST LANSING MI 48912 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>LEAFLET DISTRIBUTION</u> Expenditure Code: <u>SW</u> 5. Ballot Proposal: <u>PROPOSAL H-03</u> County: <u>Statewide</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Statewide <input type="checkbox"/> Local	10/18/2003	75.00	65249.08
Subtotal this page Grand Total of Schedules 4B (Complete on last page of Schedule)			640.00	1720.00

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PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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Authority granted under P.A. 388 of 1976

CFR BQ4B 7/1999

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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ITEMIZED IN-KIND EXPENDITURES SCHEDULE 4B-2 BALLOT QUESTION COMMITTEE		1. Committee I.D Number <u>515925-6</u>		
		2. Committee Name <u>CITIZENS FOR NEW JOBS</u>		
3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or service)	9. Cumulative for Election (Through date in Item 5)
Expenditure # 1 Name: FRIENDS OF THE FOREST Address: 4800 WEST WING ST LANSING MI 48917 Ballot Proposal: PROPOSAL A-03 <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local County: INGHAM	4. <input checked="" type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description: LOAN ENDORSEMENT 5. DATE OF EXPENDITURE: 06/25/2003 6. VENDOR NAME & ADDRESS: COMERICA BANK 590 GREENLAWN DEWITT MI 49869		5000.00	5500.00
Expenditure # 2 Name: GREAT DAYS COMMITTEE Address: 1257 ELM ST JACKSON MI 49235 Ballot Proposal: JACKSON SCHOOLS MILLAGE <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local County: JACKSON	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description: OFFICE SUPPLIES 5. DATE OF EXPENDITURE: 06/25/2003 6. VENDOR NAME & ADDRESS:		200.00	400.00
Expenditure # 3 Name: GREAT DAYS COMMITTEE Address: 1257 ELM ST JACKSON MI 49235 Ballot Proposal: JACKSON SCHOOLS MILLAGE <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local County: JACKSON	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description: PRINT FLYERS 5. DATE OF EXPENDITURE: 07/01/2003 6. VENDOR NAME & ADDRESS: ALPHA PRINTING CO 9962 OLD DIAMOND RD EAST LANSING MI 48823	50.00		450.00
Subtotal this Page Grand Total of all Schedules 4B-2 (Complete on last page of Schedule)		50.00	5200.00	
		50.00	5200.00	
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Bureau of Elections

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**EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE 4 B - G
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 515925-6
2. Committee Name CITIZENS FOR NEW JOBS

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The-Vote activity in Item 4f.
ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure # 1 Name & Address: ALLIED VANPOOL SERVICES 11965 BURNSIDE CIRCLE LANSING MI 48910 For Activity Type "b" - "f", check one: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Statewide Proposal Name <u>PROPOSAL H-03</u>	a. <input checked="" type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): DEPOSIT FOR ELECTION DAY USE Cumulative for Ballot Proposal \$ <u>65049.08</u>	09/15/2003	\$ <u>500.00</u>
Expenditure # 2 Name & Address: KINKO'S 6500 S MAPLE ST LANSING MI 48911 For Activity Type "b" - "f", check one: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Statewide Proposal Name <u>PROPOSAL H-03</u>	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input checked="" type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): SLATE CARD PRINTING Cumulative for Ballot Proposal \$ <u>65174.08</u>	10/17/2003	\$ <u>125.00</u>
Expenditure # 3 Name & Address: MEDIA RESEARCH ASSOCIATES 5523 RIVER ST EATON RAPIDS MI 48969 For Activity Type "b" - "f", check one: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Statewide Proposal Name <u>PROPOSAL H-03</u>	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input checked="" type="checkbox"/> Get-Out-The Vote Activity (Specify): PHONE BANK SURVEY Cumulative for Ballot Proposal \$ <u>69749.08</u>	10/18/2003	\$ <u>4500.00</u>

Subtotal this page 5125.00
Grand Total of all Schedules 4B-G
(Complete on last page of Schedule) 5125.00


Page 1 of 1

CFR Revised 7/1999BQ48-G

Authority granted under P.A. 388 of 1976

Enter this total on
Line 8b of the
Summary Page

EXAMPLE ONLY: DO NOT USE

 MICHIGAN DEPARTMENT OF STATE Bureau of Elections		Merts Plus		
ITEMIZED INDEPENDENT EXPENDITURES SCHEDULE 4B-1 BALLOT QUESTION COMMITTEE		1. Committee I.D Number <u>515925-6</u> 2. Committee Name <u>CITIZENS FOR NEW JOBS</u>		
<small>Complete this form to report independent expenditures made for or against a ballot issue. Do not use this schedule to report direct expenditures to Ballot Question Committees, or the provision of in-kind goods or services to Ballot Question Committees.</small>				
3. Name and address of person or vendor paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code.) 5. Ballot Proposal Information	6. Date	7. Amount	8 Cumulative for election
Expenditure # 1 Name: <u>ROGERS ADVERTISING</u> Address: <u>111 S. MAIN ST</u> <u>LANSING MI 48912</u> <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	4. Purpose: <u>BILLBOARD</u> Expenditure Code: <u>SW</u> 5. <u>PROPOSAL B-03</u> Ballot Proposal County <u>EATON</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	09/01/2003	1000.00	2000.00
Expenditure # 2 Name: <u>KINKO'S</u> Address: <u>8900 W CAINE AVE</u> <u>LANSING MI 48917</u> <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	4. Purpose: <u>BROCHURES</u> Expenditure Code: <u>PA</u> 5. <u>PROPOSAL B-03</u> Ballot Proposal County <u>EATON</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	09/02/2003	235.75	2235.75
Expenditure # 3 Name: <u>ACE PRINTING CO</u> Address: <u>514 N TURNER ST</u> <u>HOLT MI 48854</u> <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	4. Purpose: <u>FLYERS</u> Expenditure Code: <u>PA</u> 5. <u>PROPOSAL C-03</u> Ballot Proposal County <u>INGHAM</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	09/03/2003	124.95	124.95
Subtotal this page Grand Total of all Schedules 4B-1 (Complete on last page of Schedule)			1360.70 1360.70	Enter this total on line 9 of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

EXAMPLE ONLY: DO NOT USE


MICHIGAN DEPARTMENT OF STATE Bureau of Elections		Merts Plus		
DEBTS AND OBLIGATIONS SCHEDULE 4E BALLOT QUESTION COMMITTEE		Committee I.D Number <u>515925-6</u>		
		2. Committee Name <u>CITIZENS FOR NEW JOBS</u>		
This Schedule itemizes: a. <input checked="" type="checkbox"/> Debts and obligations owed <u>by</u> or forgiven the committee OR b. <input type="checkbox"/> Debts and obligations owed to <u>or</u> forgiven by <u>the</u> committee. (Check either a or b. Use only for the purpose checked.)				
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 9 minus Item 8)
Debt # 1 Owed to or by: <u>MICHIGAN FIRST BANK</u> <u>3517 IONIA ST</u> <u>LANSING MI 48933</u> If bank loan, name of endorser or guarantor: <u>SALVADOR TAYOR</u>	4. Type: <u>BANK LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>03/05/2003</u> 6. Original Amount of Debt: \$ <u>10000.00</u>	<u>09/02/2003</u> \$ <u>500.00</u> _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	<u>500.00</u> _____ _____ _____ _____	<u>9500.00</u> <input type="checkbox"/> FORGIVEN Amount Endorsed: \$ <u>10000.00</u>
Debt # 2 Owed to or by: <u>WILLIAMS EMPLOYMENT AGCY</u> <u>552 EAST IRONS RD</u> <u>BATH MI 48895</u> If bank loan, name of endorser or guarantor: _____	4. Type: <u>IN-KIND</u> Code _____ 5. Date Debt Was Incurred: <u>03/05/2003</u> 6. Original Amount of Debt: \$ <u>235.87</u>	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	_____ _____ _____ _____ _____	<u>0.00</u> <input type="checkbox"/> FORGIVEN Amount Endorsed: \$ _____
Debt # _____ Owed to or by: _____ _____ _____ If bank loan, name of endorser or guarantor: _____	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	_____ _____ _____ _____ _____	_____ <input type="checkbox"/> FORGIVEN Amount Endorsed: \$ _____
Page Subtotal (Outstanding debt) Grand Total of all Schedules 4E (Complete on last page of Schedule showing amounts owed <u>by</u> or <u>to</u> the committee.)				<u>9735.87</u> <u>9735.87</u>

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page

EXAMPLE ONLY: DO NOT USE

 MICHIGAN DEPARTMENT OF STATE Bureau of Elections		Merts Plus		
DEBTS AND OBLIGATIONS SCHEDULE 4E BALLOT QUESTION COMMITTEE		1. Committee I.D. Number <u>515925-6</u>		
		2. Committee Name <u>CITIZENS FOR NEW JOBS</u>		
This Schedule itemizes: a. <input type="checkbox"/> Debts and obligations owed <u>by</u> or forgiven the committee OR b. <input checked="" type="checkbox"/> Debts and obligations owed to <u>or</u> forgiven by <u>the</u> committee. (Check either a or b. Use only for the purpose checked.)				
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus item 8)
Debt # 1 Owed to or by CASCADE HOTELS, INC. 2000 RUSSELL BLVD GRAND LEDGE MI 48837	4. Type: <u>DEPOSIT</u> Code <u>RE</u> 5. Date Debt Was Incurred: <u>06/01/2003</u> 6. Original Amount of Debt: \$ <u>200.00</u>	\$ <u>0.00</u> \$ <u>0.00</u> \$ <u>0.00</u> \$ <u>0.00</u> \$ <u>0.00</u>	0.00	200.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) Grand Total of all Schedules 4E (Complete on last page of Schedule showing amounts owed <u>by</u> or <u>to</u> the committee.)	200.00 200.00
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PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page

Merts Plus

1. Committee I.D. Number 515925-6

2. Committee Name **CITIZENS FOR NEW JOBS**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held

07/04/2003

Month	Day	Year
07	04	2003

4. Number of Individuals Attending or Participating (whichever is greater)

- 52

5. Type of Fund Raising Activity
DINNER DANCE

6. Address and Name (if any) of the place where the activity was held
 CASCADE HOTEL

1000 RUSSELL RD
GRAND LEDGE
MI 48837
☐ Private Residence

7. Total Contributions of \$20.00 or less 0.00

8. Total Contributions of \$20.01 or more 43825.00

9. SUBTOTAL (Add lines 7 and 8) 43825.00

10. Other Receipts	0.00
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11. Gross Receipts (Add lines 9 and 10) 43825.00

12. Total Cost of Event	500.00
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*Includes In-Kind Contributions and All Expenditures Made For the Event

13. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split
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Co-Sponsor(s)

Contribution Split
(%)

Expenditure Split
(%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (4A), Itemized In-Kind Contributions Schedule (4-1K), Itemized Expenditures Schedule (4B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.